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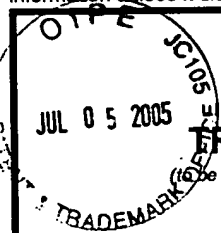
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PTO/SB/21 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032  
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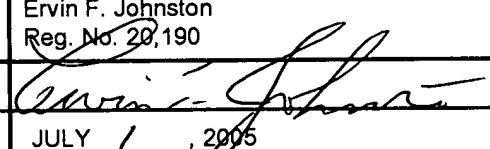
 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/672,880	
	Filing Date	09/26/2003	
	First Named Inventor	Biskeborn et al	
	Examiner Name	A. Tugbang	
	Group Art Unit	3729	
Total Number of Pages in This Submission	2 + postcard	Attorney Docket Number	SJO920000105US2

**ENCLOSURES (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form  | <input type="checkbox"/> Assignment Papers<br>(for an Application)       | <input type="checkbox"/> After Allowance Communication<br>to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Formal Drawing(s)                               | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Response  | <input type="checkbox"/> Licensing-related Papers                        | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Checklist and<br>Accompanying Petition | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> To Convert a<br>Provisional Application         | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Express Abandonment Request   | <input type="checkbox"/> Power of Attorney, Revocation                   | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):       |
| <input type="checkbox"/> Information Disclosure Statement<br>___ PTO Form 1449<br>___ (no.) cited references | <input type="checkbox"/> Change of Correspondence Address                | <u>POSTCARD</u>   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)   | <input type="checkbox"/> Terminal Disclaimer                             | <u>PHONE NUMBER CHANGES</u>   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application                                |  |   |
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| <input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53                              |  |   |

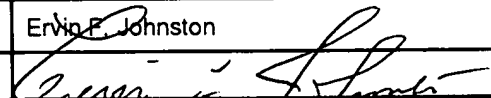
Remarks:

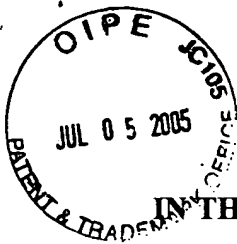
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Ervin F. Johnston Reg. No. 20,190
Signature	
Date	JULY 1, 2005

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
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Typed or printed name	Ervin F. Johnston	Date	JULY 1, 2005
Signature			



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Divisional Application of:	)	
	)	
Biskeborn et al	)	Group No.: 3729
	)	
Serial No.: 10/672,880	)	Examiner: A. Tugbang
	)	
Filed: 9/26/2003	)	Docket No. SJO920000105US2
	)	
For: METHOD OF MAKING A MONOLITHIC	)	
MAGNETIC READ-WHILE-WRITE	)	
HEAD APPARATUS	)	

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**PHONE NUMBER CHANGES FOR THE UNDERSIGNED**

All previous phone numbers listed for the undersigned are to be deleted. The new phone numbers for the undersigned are as follows:

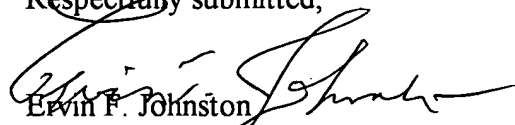
**808-661-1195 (Voice)**

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Should there be any question regarding these changes the USPTO is requested to contact the undersigned.

Respectfully submitted,

  
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